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Serial No.: 10/532,259 Docket No.: PF020145

Art Unit: 2629

Examiner: Calvin Ma

Fee Transmittal (2 Copies - 2 Pages)

Request for Continuation Examination (RCE) Transmittal (2 Copies - 2 Pages)

Petition for Extension of Time (2 Copies - 2 Pages)

Reply/Amendments (1 Copy - 13 Pages)

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| (==================================== | Effective on 12 | t. 2005 (H.R. 4818). | Complete if Known | | | | | | | | | | |
| | Application Number 10/532 | | | 259 | | | | | | | | | |
| FEE | Filing Date | | Nov. 28, 2005 | | | | | | | | | | |
| | First Named | Inventor | Jean-Paul Dago | | ş | | | | | | | | |
| Analianat -!- | ime cmp// catit | 17 CED 4 37 | Examiner Name Calvin Ma | | |) | | | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | Art Unit 2629 | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) | | | 1300.00 | Attorney Doci | PF02014 | 020145 | | | | | | | |
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| FEE CALCULA | TION | | | | | | | | | | | | |
| 1. BASIC FILIN | G, SEARCH, A | ND EXAM | NATION FEES | | | | | | | | | | |
| | FiLI | NG FEES | | RCH FEES | | MOITAMIN | | | | | | | |
| Application T | vpe Fee | Small E S) Fee (| | Small Entity Fee (\$) | Fee | \$mall (\$) Fee | | Fees Paid (\$) | | | | | |
| Utility | 330 | 165 | 540 | 270 | 220 | 0 [] | 0 | · · · · · · · · · · · · · · · · · · · | | | | | |
| Design | 220 | 110 | 100 | 50 | 14 | 0 7 | 0 | | | | | | |
| Plant | 220 | 110 | 330 | 165 | 170 | Ú 8 | 5 | | | | | | |
| Reissue | 330 | 165 | 540 | 270 | 65 | 0 32 | 5 | | | | | | |
| Provisional | 220 | 110 | 0 | 0 | ٠, | 0 | 0 | | | | | | |
| 2. EXCESS CL | | | | | | _ | (-) | Small Entity | | | | | |
| Fee Descriptio | <u>n</u> ver 20 (includi: | no Reissue | e) | | | <u> </u> | ee (\$) 52 | Fee (\$) 26 | | | | | |
| | ident claim ove | | | | | | 220 | 110 | | | | | |
| | endent claims | • | | | | | 390 | 195 | | | | | |
| Total Claims | Extra | <u>Claims</u> | Fee (\$) Fe | e Paid (\$) | | <u>M</u> : | ultiple D | ependent Claims | | | | | |
| | 0 or HP = | X _ | | | | <u> </u> | ee (\$) | Fee Paid (\$) | | | | | |
| HP = highest num | nber of total cialms p Extra | iald for, if grea Claims | 4 | e Paid (\$) | | | | · | | | | | |
| | or HP = | x | = | | | | | | | | | | |
| _ | ber of independent : N SIZE FEE | cielms paid fo | r, if greater than 3. | | | | | | | | | | |
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| listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 | | | | | | | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 4. OTHER FEE(\$) Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | | | | |
| Other (e.g., | late filing surch | argc): <u>RCE</u> | - \$810.00 and 2-n | nonth extension | - 5490.00 | · | | \$1300,00 | | | | | |
| SUBMITTED BY | | | | _ | | | | | | | | | |
| Signature | Richard T. | evit- | -// | Registration No (Attorney/Agent) | o. 51252 | | Telepho | one 609-734-6816 | | | | | |
| Name (Print/Type) Riohard LaPeruta, Jr. Date March 16, | | | | | | | | | | | | | |

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| Fees pursuant to the Consolidated A | | Act, 2005 (H.R. 4818) | Application Number 10/532 | | | | | | | | | | |
| FEE TRA | NSM | ITTAL | Filing Date | | Nov. 28, 2005 | | | | | | | | |
| | Y 2009 | | First Named Inven | | Jean-Paul Dagois | | | | | | | | |
| IUIF | 1 2000 | • | Examiner Name | 10000 | | | | | | | | | |
| Applicant claims small entity | status. See | 37 CFR 1.27 | Art Unit | GSIVIII IVIA | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1300.00 | | | Art Unit Attorney Docket N | | 2629 . PF020145 | | | | | | | | |
| | | | Attorney Docket N | 0. FF02014 |) | | | | | | | | |
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| under 37 CFR 1.16 and 1.17 | | | | | | | | | | | | | |
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| FEE CALCULATION | | | | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, | | | | | | | | | | | | | |
| FI | LING FEES <u>Small</u> | | RCH FEES E Small Entity | NOITANIMAXE | N FEES Entity | | | | | | | | |
| | 9 (\$) <u>Fee</u> | | | | (\$) | Fees Paid (\$) | | | | | | | |
| Utility 33 | 16: | 5 540 | 270 | 220 11 | 0 _ | | | | | | | | |
| Design 22 | 20 110 | 100 | 50 | 140 7 | 70 <u> </u> | | | | | | | | |
| Plant 22 | 20 110 | 330 | 165 | 170 8 | 35 _ | | | | | | | | |
| Reissue 33 | 16: | 5 540 | 270 | 650 32 | .5 _ | | | | | | | | |
| Provisional 22 | 20 110 | 0 | 0 | U | 0 . | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | - | | II Entity | | | | | | | |
| Fee Description Each claim over 20 (included) | ling Reissu | es) | | Ţ | <u>6e (\$)</u> <u>F∈</u> 52 |)0 (\$) 26 | | | | | | | |
| Each independent claim or | | | | | | 110 | | | | | | | |
| Multiple dependent claims | | , | | | | 195 | | | | | | | |
| | a Claims | Fee (\$) Fe | e Paid (\$) | W | ultiple Depend | ent Claims | | | | | | | |
| • 20 or HP = | X | | | ! | Fee (\$) | Fee Paid (\$) | | | | | | | |
| HP = highest number of total claim: indep. Claims Extr | s paid for, if gr a Claims | _ | Paid (\$) | _ | | | | | | | | | |
| - 3 or HP = | x | | | | | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drav | | | | | | | | | | | | | |
| listings under 37 CFR 1. | | | | | ntity) for each | additional 50 | | | | | | | |
| sheets or fraction thereo Total Sheets Ext | f. See 35 l a Sheets | J.S.C. 41(a)(1)(G) | and 37 CFR 1.16(th additional 50 or f | S). raction theren | f Fee (\$) | Fac Paid (6) | | | | | | | |
| 100 = | | 50 = | (round up to a who | | | Fee Paid (\$) | | | | | | | |
| 4. OTHER FEE(S) Non-English Specification | | Fees Paid (\$) | | | | | | | | | | | |
| Other (e.g., late filing sure | | \$1300.00 | | | | | | | | | | | |
| BUBMITTED BY | • | | Registration No. | | · · | | | | | | | | |
| Signature Region | Telephone 600 | 9-734-6816 | | | | | | | | | | | |
| Name (Print/Type) Richard LaPen. | Date March 16, 2009 | | | | | | | | | | | | |

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